

– REVISED 2005 –
VIRGINIA DEPARTMENT FOR THE AGING
NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (Title III-E)
GUIDANCE DOCUMENT

Title III-E, National Family Caregiver Support Program (NFCSP), provides a multifaceted support system that helps families sustain their efforts to care for an older individual or child. Area Agencies on Aging (AAA) or its contractors are encouraged **to develop new models of caregiver support** that provide services which do not supplant the role of the family as caregiver but enhances their ability to provide informal care for as long as appropriate. These support services shall be provided to family caregivers, grandparents, or other older individuals who are relative caregivers.¹

Eligible Population

Caregiver – An adult family member, or another individual, who is an informal provider of in-home and community care **to**:

- 1) an individual who is 60 years of age or older; and for individuals receiving Respite or Supplemental Services, meets the definition of “frail” as found in Section 102 (26) of the Older Americans Act (unable to perform at least 2 activities of daily living without substantial assistance or due to cognitive or other mental impairment requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard); or
- 2) a child not more than 18 years of age being cared for by a “grandparent or older individual who is a relative caregiver” 60 years of age or older.

There must be both a caregiver and a care recipient to qualify for a Title III-E service.

“Grandparent or older individual who is a relative caregiver” – means a grandparent or step-grandparent of a child, or a relative of a child by blood or marriage, who is 60 years of age and older and:

- a) lives with the child who is not more than 18 years of age;
- b) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
- c) has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally.²

Note: Section 373(g)(2)(C) of the Older Americans Act of 1965 (revised 2000) permits use of a maximum of 10% of the total Federal and Non-Federal share available to the state under Title III-E to provide support services to grandparents and older individuals who are relative caregivers.

¹ Older Americans Act of 1965, as amended, Section 373

² Ibid., Section 372(3)

Priority for Title III-E services shall be given to older individuals who are in the greatest social and economic need, with preference given to low-income minority individuals³ and to those older individuals residing in rural or geographically isolated areas.⁴ Priority shall also be given to older individuals who are in the greatest social and economic need who are providing care and support to individuals age 60 and older with mental retardation and related developmental disabilities (as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act).⁵

Service Delivery Elements

AAAs providing services through Title III-E NFCSP may provide any combination of services under five broad categories.⁶ These categories are further subdivided into services. These services are reported on the Virginia Department for the Aging – Aging Monthly Report (AMR) and may also need to be reported in the Advanced Information Manager (AIM).

Note: For each service, either the established service standard is referenced or a brief description is provided. The appropriate intake/reassessment form must be completed and the Virginia Caregiver – Service Form (one minimum per individual) is required.

- 1. Information to caregivers about available services.** The only service to be reported is *Public Information/Education*. Although *Public Information/Education* has an established service standard, the unit of service collected will be the number of activities provided and in place of the number of caregivers served estimate the size of the audience.
- 2. Assistance to caregivers in gaining access to the services.** This includes services and activities which assist families and other caregivers obtain the services they need including *Information and Referral/Assistance*, *Care Coordination*, *Transportation*, and *Assisted Transportation*.
 - a. *Information and Referral/Assistance* has an established service standard.
 - b. *Care Coordination* has an established service standard.
 - c. *Transportation* has an established service standard.
 - d. *Assisted Transportation* – assistance and transportation, including escort, for an individual who has difficulty (physical or cognitive) using regular vehicular transportation. The intake/reassessment form is Part A of the Uniform Assessment Instrument (UAI). The service unit is a one way trip.⁷
- 3. Individual counseling, organization of support groups, and training to caregivers to assist them in making decisions and solving problems related to their caregiving roles.** This includes *Individual Counseling*, *Support Groups*, *Caregiver Training*.

³ Ibid., Section 306(a)(4)(A)(i)

⁴ Ibid., Section 306(a)(4)(B)(i)(I)

⁵ Ibid., Section 373(c)(2)

⁶ Ibid., Section 373(b)

⁷ Ibid.

- a. *Individual Counseling* – Counseling to caregivers to assist them in making decisions and solving problems related to their caregiving roles. The intake/reassessment form is the Virginia Service – Quick Form. The service unit is a session.⁸
- b. *Support Groups* – Counseling to caregivers to assist them in making decisions and solving problems related to their caregiving roles. The intake/reassessment form is the Virginia Service – Quick Form. The service unit is a group session.⁹
- c. *Caregiver Training* – Training to caregivers to assist them in making decisions and solving problems related to their caregiving roles. The intake/reassessment form is the Virginia Service – Quick Form. The service unit is a training session.¹⁰

4. Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities. This includes *Adult Day Care, Homemaker, Personal Care, Institutional Respite, Direct Payments, and Other Services.*

- a. *Adult Day Care* has an established service standard.
- b. *Homemaker* has an established service standard.
- c. *Personal Care* has an established service standard.
- d. *Institutional Respite* is provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver. The intake/reassessment form is Part A of the UAI. The service unit is individual hours.¹¹
- e. *Direct Payments* may be in cash or by voucher. The intake/reassessment form is Part A of the UAI. The service unit is one payment.
- f. *Other* includes non-traditional services that provide relief or are respite specific to the individual caregiver's situation and needs as described in the Area Plan. The intake/reassessment form is Part A of the UAI.

5. Supplemental services, on a limited basis, to complement the care provided by caregivers. This includes *Chore, Congregate Meals, Home Delivered Meals, Direct Payments, and Other Supplemental Services.*

- a. *Chore* has an established service standard.
- b. *Congregate Meals* has an established service standard.
Note: To be eligible for Title III-E congregate meals, the care recipient must be receiving a service that collects Part A of the UAI or Part A of the UAI must be completed.
- c. *Home Delivered Meals* has an established service standard.
- d. *Direct Payments* may be in cash or by voucher. The intake/reassessment form is Part A of the UAI. The service unit is one payment.¹²

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

- e. *Other Supplemental Services* include gap filling services. The intake/reassessment form is Part A of the UAI. Services provided on a limited basis to complement the care provided by caregivers as described in the Area Plan.

No more than 20% of Title III-E funds shall be allocated for this category of services. The AAA should provide innovative interventions that are not normally part of the long-term care service system. For example, the AAA can assist families in obtaining a personal emergency response system. Such interventions should be tailored to meet the caregiver's specific needs for support and include documentation such as an assessment along with a care plan that supports the supplemental service.

Administrative Elements

Staff Qualifications:

- *Knowledge:* Program staff should have an awareness of the biological, psychological, and social aspects of aging; the impact of disabilities and illnesses on aging; interviewing principles; community resources; and public benefits eligibility requirements.
- *Skills:* Program staff should have skills in establishing and sustaining interpersonal relationships; problem-solving; and advocacy.
- *Ability:* Program staff should have the ability to: communicate with individuals of different socio-economic backgrounds; conduct an effective interview; complete an assessment; arrange and negotiate service referrals; and work independently.

Job Descriptions:

For each paid and volunteer position funded by Title III-E NFCSP of the Older Americans Act, an AAA shall maintain:

- A current and complete job description which shall cover the scope of duties and responsibilities of appropriate service; and
- A current description of the minimum entry-level standards of each job.¹³

Quality Assurance

Criminal Background Checks:

- VDA strongly recommends that the AAA and its contractors protect their vulnerable clients by conducting criminal background checks for staff providing any service where they go to or into a client's home.

Staff Training:

¹³ 22VAC5-20-250 Grants To Area Agencies On Aging, Department for the Aging Regulations, Virginia Administrative Code

- Staff should receive orientation on agency policies and procedures, client rights, community characteristics and resources, and procedures for conducting the allowable activities under this program.
- Staff should receive a minimum of ten (10) hours of in-service training per year based on the need for professional growth and upgrading of knowledge, skills, and abilities.

Supervision:

Consultation and supervision shall be available to all staff providing services under this program.

Case Review:

Caseload review shall be available to all staff providing services under this program.

Program Evaluation:

The AAA should conduct regular and systematic analysis of the individuals served by this program and the impact of the services to assist the caregiver. The results of this analysis should be used as a basis for planning and implementing changes in program goals, procedures or resources.

Records:

Service providers are to maintain specific records that include:

- Appropriate intake/reassessment form.
- Virginia Caregiver – Service Form, one (minimum) per individual receiving a service through Title III-E NFCSP.
- Appeals process.
- Release forms, if information is shared with other agencies.

Service Data:

Service Data is to be reported on the AMR and in AIM.

- Units of Service – Report total units provided whether it be provided to the care recipient or the caregiver. AIM service units can be reported on a daily basis, but not aggregated (summarized) more than beyond one calendar month.
- Actual Persons Served with a Caregiver (unduplicated)
- Actual Caregivers Served (unduplicated)
- Caregivers Benefited (unduplicated) – Total number of caregivers benefited whether the caregiver directly received the service or the care recipient directly received the service. The number of Caregivers Benefited should be equal to or greater than the number of Actual Caregivers Served.

Note: Although *Public Information/Education* has an established service standard, the unit of service collected will be the number of activities provided and in place of the number of caregivers served estimate the size of the audience.

Program Reports:

- The AMR should be sent to VDA by the twelfth (12th) of the following month. If the AAA provides this service, this report must be updated and submitted even if no expenditures or units of service occurred.
- AIM client level data should be transmitted to VDA by the last day of the following month.